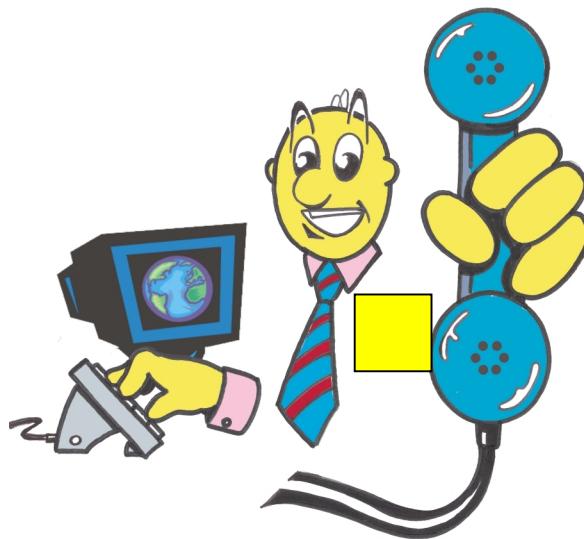




Human Resources Operations Center (HROC) Benefits PAL Feedback



In order to provide you the best service possible, we need your feedback. Please read each question carefully and select the answer that most closely reflects your opinion about our service to you. The survey will take about five minutes and we offer you the opportunity at the end of the survey to provide comments about our service.

1. Which DLA Activity do you work for?

2. Please select the category that most accurately describes you.

☐ **Manager/Supervisor**

☐ **Employee**

☐ **Other**

3. How did you access the Benefits PAL automated system?

☐ **Web**

☐ **Phone**

4. Which statement best describes your experience using the automated Benefits PAL phone system?

☐ **I used the automated system through completion of my inquiry.**

☐ **I used the automated system, but needed to speak to a Benefits Specialist.**

☐ **I went directly to a Benefits Specialist**

5. Did you complete a transaction using the automated phone system?

☐ **Yes**

☐ **No**

6. Was the phone system easy to use?

☐ **Yes**

☐ **No**

7. If the phone system was not easy to use, what was your concern?

☐ **I could not follow the menu prompts**

☐ **I was disconnected before I finished my inquiry/transaction**

☐ **Other: Please specify:**

8. Did the FAX back capability provide the information you needed?

☐ **N/A, I did not use the FAX back capability**

☐ **Yes**

☐ **No: Please specify:**

8. Were you satisfied with the length of time it took to use the automated system?

☐ **Yes**

☐ **No**

10. If you were not satisfied, what were your concerns?

☐ **I spent too much time waiting for a Benefits Specialist**

☐ **It took too long to complete a benefits transaction**

☐ **I spent too much time with the Benefits Specialist**

☐ **The Benefits Specialist rushed me through the phone call**

11. I went to a Benefits Specialist, because

☐ **N/A, I did not speak to a Benefits Specialist**

☐ **I had to provide dependent name data to the Benefits Specialist**

☐ **I don't like automated systems; I wanted to talk to a real person**

☐ **The service I required was not covered by the automated system.
Please specify:**

12. Did the general information area contain the information you wanted?

☐ **N/A, I skipped the general information area**

☐ **Yes**

☐ **No: Please specify:**

13. Were you able to obtain the personal information you need?

☐ **N/A, I did not use the personal information**

☐ **Yes**

☐ **No: Please specify:**

14. Did the benefits news area provide you the information you needed?

☐ **N/A, I skipped the Benefits News area**

☐ **Yes**

☐ **No: Please specify:**

15. Please rate your level of satisfaction with the retirement estimator program.

☐ **N/A, I did not receive a retirement estimate**

☐ **Very Satisfied**

☐ **Satisfied**

☐ **Neither Satisfied nor Dissatisfied**

☐ **Dissatisfied**

☐ **Very Dissatisfied**

16. If you gave us a rating of “Dissatisfied” or “Very Dissatisfied,” please tell us why?

This section of the survey asks you to identify your level of satisfaction in 6 key areas regarding the service we just provided. The rating scale is a 5-point Agree/Disagree scale. If an area cannot be rated by you or does not apply, please mark “N/A”.

17. Please rate your level of satisfaction with the “Timeliness” of the service we provided. (For instance, was the service provided within the time you specified? Were you given a time when it would be provided.)

- ☐ **Not Applicable (N/A)**
- ☐ **Very Satisfied**
- ☐ **Satisfied**
- ☐ **Neither Satisfied nor Dissatisfied**
- ☐ **Dissatisfied**
- ☐ **Very Dissatisfied**

18. How satisfied are you with the “Courtesy of the Staff” regarding the service we provided? (For instance, was the staff professional and courteous when answering your question or providing the service you requested.)

- ☐ **Not Applicable (N/A)**
- ☐ **Very Satisfied**
- ☐ **Satisfied**
- ☐ **Neither Satisfied nor Dissatisfied**
- ☐ **Dissatisfied**
- ☐ **Very Dissatisfied**

19. Please rate us on “Ease of Contact” regarding the service we provided. (For instance, were you able to reach the member of our staff you needed to when you needed to--or were phone calls or e-mails answered promptly.)

- ☐ Not Applicable (N/A)
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

20. Please select your level of satisfaction with the “Accuracy of Information” we provided. (Did the information answer your questions?)

- ☐ Not Applicable (N/A)
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

21. Please rate your level of satisfaction with the “Responsiveness of the Staff” regarding your most recent contact with our office. (Was the staff responsive to your needs?)

- ☐ Not Applicable (N/A)
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

22. Please select your level of satisfaction with our “Automated Benefits PAL Phone System.” Mark “Not Applicable” if you have not used the Benefits and Entitlements automated phone system.

- ☐ Not Applicable (N/A)
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

23. Please select your level of satisfaction with our “Automated Web Benefits PAL System.” Mark “Not Applicable” if you have not used the Benefits and Entitlements automated web system.

- ☐ Not Applicable (N/A)
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither Satisfied nor Dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

24. If your level of satisfaction in any area was “Very Dissatisfied” or “Dissatisfied,” please use the space below in which to write your concerns/complaints. Please identify the area of your concern, e.g., timeliness, courtesy of employees, etc.

25. Please select the “Overall Rating” for the service we provided.

☐ Outstanding

☐ Excellent

☐ Good

☐ Fair

☐ Poor

26. If you gave us an overall rating of “Fair” or “Poor,” please use the space below to tell us why. We need to know your concerns/complaints so we will know what we need to do to provide better service. We appreciate the time you took to respond to this customer survey and appreciate your feedback. THANK YOU.

If you require additional assistance or wish one of our representatives to contact you, please fill in the items below.

Name:

Address (Work or Home):

City / State / Zip Code:

DSN Work Phone Number:

Commercial Work Phone:

Email address:

Click here to send responses to:
Callcenter@hroc.dla.mil

Click here to return to the
Home Page, without submitting
a survey.